

# RECORDS TRANSMITTAL FORM

(UA Form 9 Revised January 2005)

Archives Use Only	
<b>Records Approved for Transfer:</b>	<b>Signature:</b>
<b>Records Transfer #:</b>	<b>Collection #:</b>
<b>Date Records Received:</b>	<b>Signature:</b>

**Instructions:** Send original and two copies to **University Archives and Records Service, CB# 3926**. One copy will be returned to you after the records are received.

<b>FROM:</b> (Name and Address of agency transmitting records)	<b>TO:</b> <b>University Archives and Records Service</b> <b>Wilson Library, CB# 3926</b>		
Total number of boxes transmitted	Total linear feet transmitted		
Signature of Records Management Liaison	Building, Room Number, CB#	Phone #	Fax #

		Description	Disposition
Box #	Item # from Schedule	Records series list with inclusive dates	UARS USE ONLY

Continue Description on UA Form 9A